

Facility:
Surveyor:
PreSurvey Date:

PreSurvey Training Outline
Quality Assessment and Performance Improvement
Ambulatory Surgical Center

Directions: Pre-Survey Prep: Complete Assignments 1 through 3 independently. As part of Assignment 4, review what you have completed thus far with your preceptor. Assignment 5 prompts you to document your plan independently for surveying Quality Assessment and Performance Improvement (QAPI) during the upcoming survey. Review your plan for this survey of QAPI with your preceptor in Assignment 6.

Assignment	Answer
§416.43 Condition for Coverage (CfC): Quality Assessment and Performance Improvement	
Assignment 1:	Answer:
In a short paragraph, document your understanding of this requirement. Do not look at the State Operations Manual (SOM) or other reference material before answering the question. <i>Note: This is a benchmark of your current knowledge to review with your preceptor. This is not a recorded grade.</i>	
Assignment 2:	Answer:

Facility:
Surveyor:
PreSurvey Date:

PreSurvey Training Outline
Quality Assessment and Performance Improvement
Ambulatory Surgical Center

Assignment	Answer
<p>Read the CfC and related standards in the SOM. Remember to look for current (dated after the last revision of Appendix L) Survey and Certification memos. Refer to the instructions in the “Helpful Links for Surveyors” document for guidance on comparing revision dates of the Tags in the SOM to issue dates of S&C memos.</p> <p>What is your understanding of this requirement now? Has your understanding changed since reading the SOM? If so, how?</p>	
Assignment 3:	Answer:
<p>Describe what you think compliance with the CfC “looks like” in the facility. In other words, describe what you would find in the facility that is in compliance.</p>	
Assignment 4:	Preceptor Review:

Facility:
Surveyor:
PreSurvey Date:

PreSurvey Training Outline
Quality Assessment and Performance Improvement
Ambulatory Surgical Center

Assignment	Answer
Review assignments 1-3 with your preceptor. Clarify any questions or misunderstandings before moving on to Assignment 5.	
Assignment 5:	Survey Plan:

Facility:
 Surveyor:
 PreSurvey Date:

PreSurvey Training Outline
 Quality Assessment and Performance Improvement
 Ambulatory Surgical Center

Assignment	Answer
<p>For the QAPI CfC and standards, consider what activities you will do in the field to determine compliance and document it. Reference the SOM as needed. These answers serve as your plan.</p> <p>§416.43 Condition for Coverage: Quality Assessment and Performance Improvement</p> <p>§416.43(a) Standard: Program Scope</p> <p>§416.43(b) Standard: Program Data</p> <p>§416.43(c) Standard: Program Activities</p> <p>§416.43(d) Standard: Performance Improvement Projects</p> <p>§416.43(e) Standard: Governing Body Responsibilities</p> <p>Preceptor Manual: 2013 Provider Type: Ambulatory Surgical Centers</p>	<p><u>Observations (What do you want to observe/locations?)</u></p> <p><u>Interviews (Who would you interview and why? Formulate at least three pertinent questions.)</u></p> <p><u>Document Review (What documents do you want to see and why?)</u></p>

Facility:
Surveyor:
PreSurvey Date:

PreSurvey Training Outline
Quality Assessment and Performance Improvement
Ambulatory Surgical Center

Assignment	Answer
Assignment 6:	Preceptor Review:
Meet with your preceptor. Present your plan for survey. Discuss concerns and questions you might have.	(Is the surveyor's plan adequate? What recommendations do you have?)
Final Pre-Survey Prep:	Preceptor/New Surveyor: Comments/Plan/Other
Date of Survey:	
Survey Logistics: (Meeting place, time, etc.)	

Facility:
Surveyor:
Survey Date:

Post-Survey Training Outline
Quality Assessment and Performance Improvement
Ambulatory Surgical Center

Directions: Post-Survey: Document your actual investigation on the Surveyor's Notes. After the survey, review your Surveyor Notes with your preceptor and compare them to your original plan. Then complete the following assignments.

Assignment	Answer
§416.43 Condition for Coverage: Quality Assessment and Performance Improvement	
Assignment 7:	Answer:
What did you learn about surveying QAPI while at the facility? What questions do you have for your preceptor? Was your plan effective? What did you see as a challenge?	
Assignment 8:	Answer:
Document how you would write the statement of deficiency, if applicable, according to state agency policy.	
Assignment 9:	Answer:
Review the actual Form CMS–2567 from this survey. Do you agree with the findings? Discuss any differences with your preceptor.	
Assignment 10:	Preceptor Review:

Facility:
Surveyor:
Survey Date:

Post-Survey Training Outline
Quality Assessment and Performance Improvement
Ambulatory Surgical Center

Assignment	Answer
Review Assignments 7–10 with your preceptor. Clarify any questions or misunderstandings.	
Date of Survey:	
Location:	
Time:	

Facility:
Surveyor:
Survey Date:
Current Date:

Self-Assessment and Feedback Tool
Quality Assessment and Performance Improvement
Ambulatory Surgical Center

Directions: Self-Assessment: Complete the self-evaluation form by filling in the New Surveyor column and give your self-evaluation to your preceptor. Use this time with your preceptor to review your self-evaluation and to seek/provide additional feedback. Finally, identify any opportunities for further learning regarding the survey of QAPI within an Ambulatory Surgical Center (ASC) through a jointly developed action plan. Identify a time frame to review your progress through the action plan. At the review date, meet with your preceptor to comment on each action item and identify any follow-up items if needed. Once all action items and follow-up items are complete on the action plan, document the completion date.

CfC +/-or Standard Being Surveyed (If applicable): QAPI

New Surveyor:	Preceptor:
Brief Self-Evaluation of Performance	Brief Evaluation of New Surveyor Performance
Self-Identified Learning Needs	Preceptor-Evaluated Learning Needs

Facility:
 Surveyor:
 Survey Date:
 Current Date:

Self-Assessment and Feedback Tool
 Quality Assessment and Performance Improvement
 Ambulatory Surgical Center

Action Plan Development and Review

Action Item:	Review Comments:	Follow-Up Comments (if needed):
Developed Jointly by:	Date for Review:	Follow-Up Date (if needed):
Date Started:	Date Review Complete:	Date Action Plan Complete: